DISTRIBUTION SANTA FE	REQUES	CONSERVATION COMMISSION TFOR ALLOWABLE AND	Form C-104  Supersedes Old C-104 and C-110  Effective 1-1-65
U.S.G.S.  LAND OFFICE  IRANSPORTER GAS	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL G	RECEIVED
OPERATOR 3			JUN 1 1966
Operator  American Petrof Address	ina Company of Texas		O. C. C. ARTESIA, DEFICE
P. O. Box 1311 Reason(s) for filing (Check proper)		Other (Please explain)	
New Well  Recompletion  Change in Ownershi, X	Change in Transporter of:  Oil Dry (  Casinghead Gas Cond	Gas [	
If change of ownership give name and address of previous owner	Petroleum Corporation o	f Texas, P.O. Box 752 Pr	eckenridge <u>Texas</u>
II. DESCRIPTION OF WELL AN	Well No. Pool !	Name, Including Formation Artesia	Kind of Lease State, Federal or Fee State
Venture State #	647 132 Q	ieen Grayburg San Andres	S-ate
Unit Letter A	Feet From The	ine and 3.70 Feet From	The
Line of Section 28	Township 18S Range	28E , NMPM, E	ddy County
II. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL C	AAS Address (Give address to which appro	ved copy of this form is to be sent)
Continental	Pipe Line Company	Carper Building A  Address (Give address to which appro	rtesia New Mexico
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this joins is so ve sens,
If well produces oil or liquids,	Unit Sec. Twp. Rge. A 28 18S 28	Is gas actually connected? Wh	en
give location of tanks.  If this production is commingled	A 28 185 28 with that from any other lease or poo	<u> </u>	
IV. COMPLETION DATA	Oil Well Gas Well		Plug Back   Same Res'v.   Diff. Res'v.
Designate Type of Comple	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Bute compil ready to real		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	e after recovery of total volume of load oil depth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIANCE			ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED JUN 2	
Commission have been compli-	ed with and that the information give the best of my knowledge and belie	ef. BY MILAMUL	<del>-/</del>
		TITLE	
David Day (Signature)  David Day		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
·	Signature) David Day <u>coduction Clerk</u> (Title)	tests taken on the well in accommodate All sections of this form mable on new and recompleted w	ust be filled out completely for allow-

<u>Met 18</u> 1265 (Date) All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-164 must be filled for each pool in multiply and condition.